

**MARYLAND MEDICAL ASSISTANCE PROGRAM
NOTICE OF INELIGIBILITY DUE TO EXCESS RESOURCES**

Date: _____

Re: _____

Applicant/Recipient Name

ENTER CURRENT MONTH

Month

Client ID#

ENTER RETRO MONTH(S)

Month

This is to notify you that based on the application filed on Date of Application, the above named person has been determined ineligible for Medical Assistance based solely on information obtained from a consumer reporting agency.

The resources exceed the Medical Assistance standard of \$ _____. The amount of excess resources is \$ _____. When the excess resources have been used for necessary personal or health care needs, you may reapply. When you reapply, you will be required to verify how the resources have been used. Keep all receipts for this purpose.

The following resources have been considered:

Real Property Address	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

For the purpose of evaluating your eligibility for benefits, the Agency obtained property ownership information from the consumer reporting agency listed below. You have a right under the Fair Credit Reporting Act to dispute or correct the property ownership information provided by this consumer reporting agency. You also have the right to obtain a free copy of the consumer report used by the Agency, if requested within 60 days.

Public Consulting Group, Inc.
Attn: FCRA Dispute
148 State Street, 10th Floor
Boston, MA 02109

Email: fcra_dispute@pcgus.com
Phone: 617-717-1273

This decision is based on the Code of Maryland Annotated Regulations, COMAR 10.09.24.10. If you do not agree with this decision, you have the right to request a fair hearing. The procedures for requesting a fair hearing are on the back of this letter. You also have the right to reapply.

Case Manager

Telephone Number

HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

What do I do if I think your decision is wrong?

- Call the telephone number on the other side of this notice to ask for a conference.

Request a hearing by:

- Calling 1-800-332-6347 or the telephone number on the other side of this notice and requesting a hearing; or
- Visiting your local department office or the Bureau of Long Term Care and requesting a hearing; or
- Mailing or giving a request for a hearing in writing to:
- Your local department office; or
- At this address:

**MDH Docketing – Unit A
Office of Administrative Hearings
11101 Gilroy Road
Hunt Valley, Maryland 21031-1301**

If you don't want to fill out the form to request the hearing:

- Come to your Local Department of Social Services or the Bureau of Long Term Care office. We will help you.
- Call your case manager at the telephone number on this notice or call 1-800-332-6347.

How long do I have to request a hearing?

- You must ask for a hearing no later than 90 days after the date of this notice.

How long can I still get my benefits while I wait for my hearing?

- If you ask for a hearing no later than 10 days after the date of this notice and you were getting benefits, you can continue to get your benefits while you wait.

Will I owe any money if I get my benefits while I wait?

- If the judge agrees with us and you lose your appeal, you may have to pay back benefits. This might not be required if it is determined that your request for a hearing resulted from a bona fide belief that the department's decision was in error.